PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 MAY 1 8 2005 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless correspondence or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 03/01/2005 020151 7590 HENRY M FEIEREISEN, LLC Certificate of Mailing or Transmission I hereby certify States Postal S that this Fee(s) Transmittal is being deposited with the United 350 FIFTH AVENUE when this Feed Transmittan is being deposited with the Office vice with sufficient postage for first class mail in an envelope Mail Stop 185UE/FEE address above, or being facsimile USPTO (101) 146-1000, on the date indicated below.

[Depositor's name] **SUITE 4714** addressed to transmitted to the NEW YORK, NY 10118 05/19/2005 WABDELR3 00000025 09719759 (Signature) 1400.00 DP 01 FC:1501 May (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE LIPPERT 4096 Roland Lippert 09/719,759 12/14/2000 TITLE OF INVENTION: MULTI-ROW RADIAL BEARING APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1400 \$1400 06/01/2005 NO nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS 384-551000 SICONOLFI, ROBERT 3683 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list HENRY M. FEIEREISEN CFR 1.363). (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LNA	WALZLAGER	SCHAEFFLER	OHG

HERZOGENAURACH / GERMANY

Hease check the appropriate assignee category or categories (will not be	printed on the patent):
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b. Payment of Fee(s): ⚠ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ⚠ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0502 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Receipt Public	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the ademark Office.

Authorized Signature Typed or printed name

HENRY Μ. FEIEREISEN

5-16-2005 Registration No. 31,084

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: LIPPERT

In re Application of:

ROLAND LIPPERT et àl.

Appl. No.: 09/719,759

Appl. December 14, 2000

For: MULTIPLE-ROW RADIAL BEARING

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| December 14, 2000 | December 14, 2006 | December 14,

PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on May 16, 2005.

(Date)

HENRY M. FEIEREISEN

Name of Registered Representative

5-16-2001

Date of Signature

SIR:

With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85b.

A check in the amount of \$1,400.00 is enclosed to cover the issue fee.

Docket No.: LIPPERT Appl. No.: 09/719,759

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By:

Henry M. Feiereisen Agent For Applicant Reg. No. 31,084

Date: May 16, 2005 350 Fifth Avenue Suite 4714 New York, N.Y. 10118 (212) 244-5500 HMF:af